



Lewiston Police Department

Elizabeth M. Allen, VIPs Coordinator | (207) 333-6650 Ext. 2070 | allen@ci.auburn.me.us

Dear VIPs Applicant:

Thank you for your interest in becoming a Volunteer in Police Service. Enclosed please find a volunteer application form. Please return the completed application to:

Liz Allen, VIPs Coordinator
c/o Auburn Police Department
One Minot Avenue
Auburn, Maine 04210

The Lewiston Police Department's ***Volunteers in Police Service*** program (VIPs) emphasizes service to the community as a whole. Volunteers assist officers & staff in tasks that are ongoing and essential to the Mission of the Lewiston Police Department. Confidentiality is imperative and **all potential volunteers are subject to a background investigation prior to acceptance.**

The purpose of the VIPs program is for volunteers to assist their local law enforcement agencies in a wide range of roles and functions. Volunteers help fill critical gaps in program support and provide essential technical expertise. The VIPs program's ultimate goal is to enhance the capacity of local law enforcement to utilize volunteers, and to cultivate and make the most of the deep-seated traditions of service, citizenship, and responsibility in Androscoggin County. Volunteers help to make communities safer, stronger, and better prepared to respond to any emergency situation.

VIPs is a federal program which is managed and implemented by the International Association of Chiefs of Police (IACP) in partnership with, and on behalf of, the U.S. Department of Justice and the White House Office of the U.S.A. Freedom Corps. There are currently more than 1,700 successful VIPs programs across America, representing more than 139,000 volunteers!

We look forward to receiving your application. Again, thank you for your interest in VIPs.

Sincerely,

Bill Welch
Chief of Police
Lewiston Police Department



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MISSION STATEMENT

- It is the mission of the Volunteers in Police Service (VIPS) to assist the Lewiston Police Department in any way deemed needed and necessary to enable sworn officers to fulfill their assigned duties in service to the community.
- We at VIPS believe we can accomplish this mission by performing assigned tasks wherever needed.
- We recognize that as VIPS we would be under the direction of the officer or employees responsible in the respective work area.
- As VIPS, we also recognize that all information we acquire while on duty is to be kept **confidential**.
- Our goal as VIPS is to perform our duties in such a way that we are able to gain and maintain the approval and trust of those with whom we work.
- We as VIPS, in agreement with the Lewiston Police Department, will respect and practice sensitivity and understanding of the cultural and ethnic diversity of the Androscoggin County and of those with whom we work.



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GUIDELINES

PURPOSE:

To specify procedures, rules, and regulations that guide the overall operation of the Lewiston Police Department's Volunteers in Police Service (VIPs) program.

POLICY:

Volunteers provide valuable and necessary additional services to the Lewiston Police Department on a daily basis through the Volunteers in Police Service program. In order to maximize the productivity of this program, the following procedures and regulations are established.

ELIGIBILITY:

Volunteers must be at least eighteen (18) years of age and pass a background check.

APPLICATION:

Volunteer applicants must complete an application/background questionnaire and submit it to the VIPs Coordinator.

- Background investigations will be conducted on each of the volunteer applicants.
- The VIPs Coordinator and/or the supervisor for whom the volunteer will be working may interview volunteer applicants.

ASSIGNMENTS:

Volunteers are not expected to work on days that have been designated as holidays by the Lewiston Police Department.

- Those volunteers who wish to terminate their status are requested to provide written notification to the VIPs Coordinator at least fourteen (14) days prior to the effective date.
- A copy of the notification should be directed to the volunteer's immediate supervisor. The volunteer's identification badge shall be turned in to the VIPs Coordinator.

CONDUCT IN PERFORMING:

All organizations have guidelines they follow to provide for order and management. A volunteer's work for the Lewiston Police Department entails the same responsibilities as required of all Lewiston Police Department Employees.

- Volunteers will conduct themselves in a manner that brings respect to themselves and to the Lewiston Police Department. Volunteers will perform their duties in an impartial manner consistent with the Lewiston Police Department's policies.
- Volunteers shall treat all information that they receive from reports, officers, or victims as confidential.
- Volunteers shall not use their association with the Lewiston Police Department to seek favors for themselves or others.
- Volunteers shall not discuss any aspect of a crime or an investigation with **any** person unless directed to do so by their immediate supervisor. People seeking information or advice on a criminal case shall be referred to the investigating officer or a supervisor.
- Volunteers who observe apparent misconduct by employees or volunteers shall report that misconduct to their immediate supervisor. Grave infractions shall be brought to the direct attention of the Chief.
- Volunteers are expected to dress in compliance with other Lewiston Police Department employees and their guidelines or as required by their supervisor.

DISMISSAL:

Volunteers, like all Lewiston Police Department employees, are subject to dismissal for failure to follow the guidelines for behavior set forth by the department.

- Volunteers are subject to removal from the program at the discretion of the Chief and/or the VIPS Coordinator.
- Reasons for removal include, but are not limited to, the following:
 - Committing a felony or misdemeanor.
 - Reporting for service in an intoxicated state or possession of intoxicants on the job.
 - Improperly releasing confidential information.
 - Failure to report for service assignment without a justifiable cause.
 - Misconduct (to include profane or abusive language).



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APPLICATION

(Please print or type)

PERSONAL INFORMATION

Last Name:		First Name:		Middle:
Home Address:				
City, State, Zip:				
Date of Birth:	Age:	Sex:	M	F
Social Security #:				
Place of Birth (City, State, Country):				
Other names used:				Home Phone:
Cell:	Pager:		Work Phone:	
E-mail address:				
Previous Address(es) - Last 5 years:				

EDUCATION BACKGROUND & MILITARY SERVICE

Please circle highest level of education completed:		High School 1 2 3 4				College 1 2 3 4 5 6 7 8			
High School, City, State:		College, City, State:							
Degrees and/or certificates earned:									
Military Service Branch:									
Rank:		Time Served:				Date Discharged:			
Do you speak or read any other languages? If so, which ones?									

CRIMINAL HISTORY & DRIVING RECORD

Maine Drivers License Number:		
Has your license ever been suspended or revoked? Yes _____ No _____		
Traffic Citations and accidents for the last 5 years:		
Have you ever been questioned, detained, arrested, investigated, warned or issued a citation for any misdemeanor or felony (other than traffic) either as an adult or juvenile? Yes _____ No _____		
Have you ever been convicted of a crime? Yes _____ No _____		
If yes, please explain:		
If yes, list the name of the agency or court, date of contact, reason for contact, charge if any, sentence if any, and disposition of incident (including deferred sentences). Provide full details on supplemental sheets when necessary.		
Date:	Agency or Court:	Charge:
Sentence:		Disposition:
Date:	Agency or Court:	Charge:
Sentence:		Disposition:
Date:	Agency or Court:	Charge:
Sentence:		Disposition:

REFERENCES

Do not use family members as references. List 3 individuals you have known for at least 5 years. Please list name, complete address, and telephone number.	
Name:	Phone:
Address, City, State, Zip:	
Name:	Phone:
Address, City, State, Zip:	
Name:	Phone:
Address, City, State, Zip:	

EMPLOYMENT HISTORY

Please fill out completely. List employment for the last 5 years beginning with the most recent.

Company Name & Supervisor:	Start Date/End Date (Month/year)
Address, City, State, Zip:	
Company Name & Supervisor:	Start Date/End Date (Month/year)
Address, City, State, Zip:	
Company Name & Supervisor:	Start Date/End Date (Month/year)
Address, City, State, Zip:	
Company Name & Supervisor:	Start Date/End Date (Month/year)
Address, City, State, Zip:	

VOLUNTEER INTERESTS

<p>How much time do you have to volunteer? Please circle.</p> <p>Hours per month: 5 10 15 20 + Hours available: _____ Days available: M T W T F Sa Su</p>
<p>List any skills or interests which would assist in placing you in an appropriate assignment.</p> <p>Attach additional sheets if necessary.</p>
<p>Please list any memberships in community organizations and previous/current volunteer experience.</p>
<p>Briefly state why you wish to volunteer your time to the Lewiston Police Department.</p> <p>Use additional sheet if necessary. This question MUST be answered.</p>

EMERGENCY CONTACT

List persons to notify in case of an emergency.

Name:		Relationship:
Address, City, State, Zip:		
Home Phone:	Work Phone:	Cell/Pager:
Name:		Relationship:
Address, City, State, Zip:		
Home Phone:	Work Phone:	Cell/Pager:

THIS SECTION FOR FOREIGN LANGUAGE/DEAF INTERPRETER APPLICANTS ONLY

Are you willing to be called out any time of day if needed? ☐ Yes ☐ No

Can we call you at your place of employment if needed? ☐ Yes ☐ No

In addition to this application, please submit the enclosed Hold Harmless Agreement and a brief resume of your qualifications - language, skill level, education, etc.

CONFIDENTIALITY AGREEMENT

I have read the VIPS Guidelines and agree that I shall treat all information I receive from reports, officers, or victims as confidential. I understand that I could jeopardize the ultimate investigation of a crime by revealing information. I will not discuss any aspect of a crime or investigation with any person unless directed to do so by my supervisor. I agree that I will not use my association with the Lewiston Police Department to seek favors for others or myself.

Signature: _____ Date: _____

INFORMATION AUTHORIZATION

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Lewiston Police Department any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original.

Signature: _____ Date: _____

LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT

I understand that I am not an employee of the Lewiston Police Department. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purposes of the Fair Labor Standards Act. I wish to volunteer my services to the Lewiston Police Department and/or observe members of the Lewiston Police Department perform their duties. I understand that my status as a Volunteer in Police Service (VIPS) may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the City of Lewiston and the Lewiston Police Department harmless. I agree to indemnify the City of Lewiston, the Lewiston Police Department, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or loss of property.

Signature: _____ Date: _____

SUBSCRIBED AND SWORN TO BE ME on this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____